

COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES

Parent ACHIEVEMENTS INC **Phone:** (406) 293-8848
Director Name: PAM RHODES **Title:** EXECUTIVE DIRECTOR
Parent Address: 141 MINERAL AVE LIBBY MT 59923 **800 #:**
Facility Name: FLOWER CREEK **Facility Phone Number:**
First Name: **Title:**
Contact: **Title:**
Address: 513 W BALSAM ST LIBBY MT **Region**
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULTS **Gender** MALE OR FEMALE
Facility License 10245-01 **Expires:** 10/31/2015 **Licensing Specialist:** DEBRA UNRUH

Parent ACHIEVEMENTS INC **Phone:** (406) 293-8848
Director Name: PAM RHODES **Title:** DIRECTOR
Parent Address: 101 MINERAL AVE LIBBY MT 59923 **800 #:**
Facility Name: MONTANA AVENUE **Facility Phone Number:** (406) 293-6705
First Name: **Title:**
Contact: **Title:**
Address: 107 MONTANA AVE LIBBY MT 59923- **Region** LINCOLN
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10245-02 **Expires:** 10/31/2015 **Licensing Specialist:** DEBRA UNRUH

Parent AWARE **Phone:** (406) 563-8117
Director Name: LARRY NOONAN **Title:** DIRECTOR
Parent Address: 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145
Facility Name: BUBASH GROUP HOME **Facility Phone Number:** (406) 563-3634
First Name: **Title:**
Contact: **Title:**
Address: 318 WEST 5TH STREET ANACONDA MT 59711-2802 **Region** DEER LODGE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULT **Gender** MALE & FEMALE
Facility License 7276-19 **Expires:** 10/31/2015 **Licensing Specialist:** DEBRA UNRUH

Parent Director Name:	AWARE					Phone:	(406) 563-8117
	LARRY		NOONAN			Title:	DIRECTOR
Parent Address:	205 E PARK ST		ANACONDA	MT	59711	800 #:	
Facility Name:	CANDLELIGHT HOME					Facility Phone Number:	(406) 388-2295
First Name:	CARTER	ANDERSON				Title:	EXECUTIVE DIRECTOR
Contact:						Title:	
Address:	115 CANDLELIGHT DRIVE		BOZEMAN	MT	59718-	Region	GALLATIN
Facility Type:	COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES						Code: ADDGH
Number of	4	Age	10-18	Gender	MALE		
Facility License	7276-52	Expires:	9/5/2015	Licensing Specialist:	LISA MAUA		

Parent Director Name:	AWARE					Phone:	(406) 563-8117	
	LARRY		NOONAN			Title:	DIRECTOR	
Parent Address:	205 E. PARK STREET		ANACONDA	MT	59711	800 #:	(800) 432-6145	
Facility Name:	EDMOND					Facility Phone Number:	(406) 656-9454	
First Name:	CARTER		ANDERSON			Title:		
Contact:						Title:		
Address:	3124 EDMOND STREET		BILLINGS	MT	59102-	Region	YELLOWSTONE	
Facility Type:	COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES						Code:	ADDGH
Number of	5	Age	ADULT	Gender	MALE			
Facility License	7276-41	Expires:	3/31/2016	Licensing Specialist:	LISA MAUA			

Parent Director Name:	AWARE				Phone:	(406) 656-0928	
	LARRY		NOONAN		Title:	DIRECTOR	
Parent Address:	1050 S 25TH ST WEST	BILLINGS	MT	59102	800 #:		
Facility Name:	HYACINTH				Facility Phone Number:	(406) 656-9299	
First Name:	CARTER	ANDERSON			Title:	EXECUTIVE DIRECTOR	
Contact:					Title:		
Address:	2237 HYACINTH	BILLINGS	MT	59105-	Region	YELLOWSTONE	
Facility Type:	COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES					Code:	ADDGH
Number of	4	Age	ADULTS	Gender			
Facility License	7276-48	Expires:	11/17/2015	Licensing Specialist:		LISA MAUA	

Parent	AWARE				Phone:	(406) 563-8117	
Director Name:	LARRY	NOONAN			Title:	DIRECTOR	
Parent Address:	205 E PARK ST		ANACONDA	MT 59711	800 #:		
Facility Name:	MYSTIC HOUSE			Facility Phone Number:	(406) 494-7699		
First Name:	CARMELO	RULY	Title:		HOME MANAGER		
Contact:	CARTER	ANDERSON	Title:		DIRECTOR		
Address:	35 MYSTIC LANE		BUTTE	MT 59701-	Region	SILVER BOW	
Facility Type:	COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES					Code:	ADDGH
Number of	4	Age	ADULTS	Gender	MALE & FEMALE		
Facility License	7276-50	Expires:	9/30/2015	Licensing Specialist:	DEBRA UNRUH		

Parent Director Name:	AWARE				Phone:	(406) 563-8117	
	LARRY		NOONAN		Title:	DIRECTOR	
Parent Address:	205 E. PARK STREET		ANACONDA	MT 59711	800 #:	(800) 432-6145	
Facility Name:	SAMPSON				Facility Phone Number:	(406) 494-0170	
First Name:	TYLER	STOREY			Title:	HOME MANAGER	
Contact:					Title:		
Address:	712 SAMPSON STREET		BUTTE	MT 59701-	Region	SILVER BOW	
Facility Type:	COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES					Code:	ADDGH
Number of	4	Age	ADULTS	Gender	MALES & FEMALE		
Facility License	7276-51	Expires:	9/30/2015	Licensing Specialist:	DEBRA UNRUH		

Parent	AWARE				Phone:	(406) 563-8117	
Director Name:	LARRY		NOONAN		Title:	DIRECTOR	
Parent Address:	205 E PARK		ANACONDA MT 59711		800 #:		
Facility Name:	SOUTHPOINTE				Facility Phone Number:	(406) 544-7981	
First Name:	BROOKE DOYLE		Title: HOME MANAGER		TRACI		
Contact:	TRACI SHINABARGOR		Title: SERVICE DIRECTOR				
Address:	3580 SOUTHPOINTE DR		MISSOULA MT 59803-		Region	MISSOULS	
Facility Type:	COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES					Code:	ADDGH
Number of	4		Age	ADULTS		Gender	MALE & FEMALE
Facility License	7276-59		Expires:	10/31/2015		Licensing Specialist:	DEBRA UNRUH

Parent Director Name:	AWARE					Phone:	(406) 563-8117
	LARRY		NOONAN			Title:	DIRECTOR
Parent Address:	205 E PARK		ANACONDA	MT	59707	800 #:	
Facility Name:	TERESA ANN TERRACE					Facility Phone Number:	(406) 563-5523
First Name:						Title:	
Contact:						Title:	
Address:	809 PAULINE DR		ANACONDA	MT	59701-	Region	DEER LODGE
Facility Type:	COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES					Code:	ADDGH
Number of	6	Age	ADULTS	Gender	MALE		
Facility License	7276-55	Expires:	10/31/2015	Licensing Specialist:	DEBRA UNRUH		

Parent	AWARE				Phone:	(406) 563-8117	
Director Name:	LARRY	NOONAN			Title:	DIRECTOR	
Parent Address:	205 E. PARK STREET	ANACONDA	MT	59711	800 #:	(800) 432-6145	
Facility Name:	WYOMING GROUP HOME			Facility Phone Number: (406) 698-8321			
First Name:	CARTER	ANDERSON	Title: EXECUTIVE DIRECTOR				
Contact:	ALICIA	JUSTICE	Title: HOME MANAGER				
Address:	738 WYOMING AVE	BILLINGS	MT	59102-	Region	YELLOWSTONE	
Facility Type:	COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES					Code:	ADDGH
Number of	4	Age	ADULT	Gender	MALE & FEMALE		
Facility License	7276-45	Expires:	5/31/2015	Licensing Specialist:	LISA MAUA		

Parent **BIG SANDY ACTIVITIES** **Phone:** (406) 378-2598
Director Name: LORRIE MERRILL **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 369 BIG SANDY MT 59520-0639 **800 #:**
Facility Name: BIG SANDY ACTIVITIES CO-ED HOME **Facility Phone Number:** (406) 378-2506
First Name: HEATHER PLENERGER **Title:** HOME MANAGER
Contact: **Title:**
Address: 334 GREAT NORTHERN AVE BIG SANDY MT 59520- **Region** CHOTEAU
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 9 **Age** ADULT **Gender** MALE & FEMALE
Facility License 10357-02 **Expires:** 10/19/2015 **Licensing Specialist:** TRACY JOHNSON

Parent **BIG SANDY ACTIVITIES** **Phone:** (406) 378-2598
Director Name: LORRIE MERRILL **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 369 BIG SANDY MT 59520-0369 **800 #:**
Facility Name: BIG SANDY ACTIVITIES WOMAN'S HOME **Facility Phone Number:** (406) 378-2560
First Name: HEALTHER PLENERGER **Title:** HOME MANAGER
Contact: **Title:**
Address: 142 GREAT NORTHERN AVE BIG SANDY MT 59520- **Region** CHOTEAU
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULT **Gender** FEMALE
Facility License 10357-03 **Expires:** 10/19/2015 **Licensing Specialist:** TRACY JOHNSON

Parent **BLACKFEET OPPORTUNITIES INC** **Phone:** (406) 338-5364
Director Name: CHARLES MOMBERG **Title:** DIRECTOR
Parent Address: PO BOX 247 BROWNING MT 59417-0247 **800 #:**
Facility Name: TEKAKWITHA GROUP HOME **Facility Phone Number:** (406) 338-7506
First Name: ALUA LAPLANTE **Title:** Home Manager
Contact: **Title:**
Address: 718 FLAT IRON RD BROWNING MT 59417- **Region** GLACIER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULT **Gender** MALE OR FEMALE
Facility License 10866-01 **Expires:** 10/31/2015 **Licensing Specialist:** TRACY JOHNSON

Parent **BUTTE SHELTER WORKSHOP INC** **Phone:** (406) 723-6501
Director Name: JOHN PAHUT **Title:** DIRECTOR
Parent Address: 845 S WYOMING BUTTE MT 59701 **800 #:**
Facility Name: DELORES BARSANTI GROUP HOME **Facility Phone Number:** (406) 723-9368
First Name: BELYNDA DWORSHAK **Title:** HOME MANAGER
Contact: **Title:**
Address: 1030 SOUTH IOWA AVE BUTTE MT 59701- **Region** SILVER BOW
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age** ADULT **Gender** MALE & FEMALE
Facility License 11918-07 **Expires:** 8/31/2015 **Licensing Specialist:** STEPHANIE GALLE

Parent BUTTE SHELTER WORKSHOP INC **Phone:** (406) 723-6501
Director Name: JOHN PAHUT **Title:** DIRECTOR
Parent Address: 845 S WYOMING BUTTE MT 59701 **800 #:**
Facility Name: HOLMAN GROUP HOME **Facility Phone Number:** (406) 723-3523
First Name: **Title:**
Contact: **Title:**
Address: 904 W PARK BUTTE MT 59701- **Region** SILVER BOW
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 9 **Age** ADULT **Gender** MALE & FEMALE
Facility License 11918-05 **Expires:** 8/31/2015 **Licensing Specialist:** STEPHANIE GALLE

Parent BUTTE SHELTER WORKSHOP INC **Phone:** (406) 723-6501
Director Name: JOHN PAHUT **Title:** DIRECTOR
Parent Address: 845 S WYOMING BUTTE MT 59701 **800 #:**
Facility Name: KAMBICH GROUP HOME **Facility Phone Number:** (406) 683-3599
First Name: **Title:**
Contact: **Title:**
Address: 612 HIGHLAND AVENUE DILLON MT 59725-2976 **Region** BEAVERHEAD
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULT **Gender** MALE & FEMALE
Facility License 11918-04 **Expires:** 10/31/2015 **Licensing Specialist:** STEPHANIE GALLE

Parent BUTTE SHELTER WORKSHOP INC **Phone:** (406) 723-6501
Director Name: JOHN PAHUT **Title:** DIRECTOR
Parent Address: 845 S WYOMING BUTTE MT 59701 **800 #:**
Facility Name: LESTER ZEIHEN DD GROUP HOME **Facility Phone Number:** (406) 494-8363
First Name: **Title:**
Contact: **Title:**
Address: 3016 PAXSON ST BUTTE MT 59701- **Region** SILVER BOW
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULT **Gender** MALE & FEMALE
Facility License 11918-08 **Expires:** 8/31/2015 **Licensing Specialist:** STEPHANIE GALLE

Parent BUTTE SHELTER WORKSHOP INC **Phone:** (406) 723-6501
Director Name: JOHN PAHUT **Title:** DIRECTOR
Parent Address: 845 S WYOMING ST BUTTE MT 59701 **800 #:**
Facility Name: MARGARET LEMM HOUSE **Facility Phone Number:** (406) 728-5326
First Name: PHILIP PARK **Title:** HOME MANAGER
Contact: **Title:**
Address: 314 S. WASHINGTON STREET BUTTE MT 59701-2402 **Region** SILVER BOW
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULT **Gender** MALE & FEMALE
Facility License 11918-02 **Expires:** 8/31/2015 **Licensing Specialist:** STEPHANIE GALLE

Parent BUTTE SHELTER WORKSHOP INC **Phone:** (406) 723-6501
Director Name: JOHN PAHUT **Title:** DIRECTOR
Parent Address: 845 S WYOMING ST BUTTE MT 59701 **800 #:**
Facility Name: RAHN HOUSE **Facility Phone Number:** (406) 723-1269
First Name: ZYNDA JONES **Title:** HOME MANAGER
Contact: **Title:**
Address: 930 S. DAKOTA STREET BUTTE MT 59701- **Region** SILVER BOW
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULT **Gender** MALE & FEMALE
Facility License 11918-01 **Expires:** 8/31/2015 **Licensing Specialist:** STEPHANIE GALLE

Parent BUTTE SHELTER WORKSHOP INC **Phone:** (406) 723-6501
Director Name: JOHN PAHUT **Title:** DIRECTOR
Parent Address: 845 S WYOMING BUTTE MT 59701 **800 #:**
Facility Name: WALSH GROUP HOME **Facility Phone Number:** (406) 782-1581
First Name: WILL KAARIO **Title:** HOME MANAGER
Contact: **Title:**
Address: 1001 WEST GALENA STREET BUTTE MT 59701- **Region** SILVER BOW
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 9 **Age** ADULT **Gender** MALE & FEMALE
Facility License 11918-06 **Expires:** 8/31/2015 **Licensing Specialist:** STEPHANIE GALLE

Parent CHOTEAU ACTIVITIES INC **Phone:** (406) 466-5311
Director Name: LOUIE KING **Title:** DIRECTOR
Parent Address: 109 MAIN AVE NORTH CHOTEAU MT 59422 **800 #:**
Facility Name: MAIN AVENUE GROUP HOME **Facility Phone Number:** (406) 590-4811
First Name: DANIELLE GILBREATH **Title:** HOME MANAGER
Contact: **Title:**
Address: 526 MAIN AVE NORTH CHOTEAU MT 59422- **Region** TETON
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10727-03 **Expires:** 10/31/2015 **Licensing Specialist:** TRACY JOHNSON

Parent CHOTEAU ACTIVITIES INC **Phone:** (406) 466-5311
Director Name: LOUIE KING **Title:** EXECUTIVE DIRECTOR
Parent Address: 109 MAIN AVE NORTH CHOTEAU MT 59422 **800 #:**
Facility Name: MOUNTAIN VIEW COMMUNITY HOME **Facility Phone Number:** (406) 466-2564
First Name: SHANNON MOULTON **Title:** HOME MANAGER
Contact: **Title:**
Address: 203 8TH AVE NE CHOTEAU MT 59422-9204 **Region** TETON
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULT **Gender** MALE & FEMALE
Facility License 10727-02 **Expires:** 10/31/2015 **Licensing Specialist:** TRACY JOHNSON

Parent COUNTER POINT INC **Phone:** (406) 222-2472
Director Name: DAVID EATON **Title:** DIRECTOR
Parent Address: 116 EAST LEWIS ST LIVINGSTON MT 59047-3113 **800 #:**
Facility Name: MILKY WAY GROUP HOME **Facility Phone Number:** (406) 222-6583
First Name: REBECCA MENNES **Title:** HOME MANAGER
Contact: **Title:**
Address: 603 EAST MILKY WAY DRIVE LIVINGSTON MT 59047-1516 **Region** PARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULT **Gender** MALE & FEMALE
Facility License 14641-02 **Expires:** 4/30/2016 **Licensing Specialist:** LISA MAUA

Parent COUNTER POINT INC **Phone:** (406) 222-2472
Director Name: DAVID EATON **Title:** DIRECTOR
Parent Address: 116 EAST LEWIS ST LIVINGSTON MT 59047-3113 **800 #:**
Facility Name: NINTH STREET GROUP HOME **Facility Phone Number:** (406) 222-8330
First Name: LIBBY BELL-HEDGES **Title:** HOME MANAGER
Contact: **Title:**
Address: 629 NORTH 9TH STREET LIVINGSTON MT 59047-1709 **Region** PARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULT **Gender** MALE & FEMALE
Facility License 14641-01 **Expires:** 4/30/2016 **Licensing Specialist:** LISA MAUA

Parent DEAP **Phone:** (406) 234-6034
Director Name: SYLVIA DANFORTH **Title:** DIRECTOR
Parent Address: 2200 BOX ELDER ST MILES CITY MT 59301 **800 #:**
Facility Name: SKYREACH YOUTH HOME **Facility Phone Number:** (406) 337-8600
First Name: **Title:**
Contact: **Title:**
Address: 306 GEORGETOWN DRIVE GLENDIVE MT 59301- **Region** DAWSON
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 3 **Age** 10-19 **Gender** YOUTH
Facility License 11870-01 **Expires:** 5/31/2015 **Licensing Specialist:** TRACY JOHNSON

Parent EASTERN MONTANA INDUSTRIES **Phone:** (406) 232-3740
Director Name: SHERMAN WEIMER **Title:** DIRECTOR
Parent Address: PO BOX 759 MILES CITY MT 59301 **800 #:**
Facility Name: BOX ELDER **Facility Phone Number:** (406) 234-1701
First Name: LORI ROGERS **Title:** COMMUNITY HOME MANAGER
Contact: **Title:**
Address: 2801 BOX ELDER MILES CITY MT 59301- **Region** CUSTER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 14334-05 **Expires:** 1/31/2016 **Licensing Specialist:** LISA MAUA

Parent EASTERN MONTANA INDUSTRIES **Phone:** (406) 232-3740
Director Name: SHERMAN WEIMER **Title:** DIRECTOR
Parent Address: PO DRAWER 759 MILES CITY MT 59301-0759 **800 #:**
Facility Name: BROCKWAY GROUP HOME **Facility Phone Number:** (406) 377-5015
First Name: PAM JUNSO **Title:** SERVICES COORD
Contact: **Title:**
Address: 220 S SARGENT AVE GLENDIVE MT 59330-2433 **Region** DAWSON
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 14334-08 **Expires:** 6/15/2015 **Licensing Specialist:** TRACY JOHNSON

Parent EASTERN MONTANA INDUSTRIES **Phone:** (406) 232-3740
Director Name: SHERMAN WEIMER **Title:** DIRECTOR
Parent Address: PO DRAWER 759 MILES CITY MT 59301-0759 **800 #:**
Facility Name: GORDON **Facility Phone Number:** (406) 232-4655
First Name: DEE ASHWORTH **Title:** HOME MANAGER
Contact: **Title:**
Address: 1414 GORDON MILES CITY MT 59301-2652 **Region** CUSTER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 14334-04 **Expires:** 1/31/2016 **Licensing Specialist:** LISA MAUA

Parent EASTERN MONTANA INDUSTRIES **Phone:** (406) 234-3740
Director Name: SHERMAN WEIMER **Title:** DIRECTOR
Parent Address: PO BOX 459 MILES CITY MT 59301 **800 #:**
Facility Name: HAFLA **Facility Phone Number:** (406) 234-5206
First Name: AMBER FERRIS **Title:** HOME MANAGER
Contact: **Title:**
Address: 624 MARILYN MILES CITY MT 59301- **Region** CUSTER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 14330-03 **Expires:** 1/31/2016 **Licensing Specialist:** LISA MAUA

Parent EASTERN MONTANA INDUSTRIES **Phone:** (406) 232-3740
Director Name: SHERMAN WEIMER **Title:** DIRECTOR
Parent Address: PO DRAWER 759 MILES CITY MT 59301-0759 **800 #:**
Facility Name: NOLAN GROUP HOME **Facility Phone Number:** (406) 377-1453
First Name: PAM JUNSO **Title:** SERVICES COORD
Contact: **Title:**
Address: 519 S NOWLAN GLENDIVE MT 59330-2325 **Region** DAWSON
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 14334-07 **Expires:** 6/18/2015 **Licensing Specialist:** TRACY JOHNSON

Parent EASTERN MONTANA INDUSTRIES **Phone:** (406) 234-3740
Director Name: SHERMAN WEIMER **Title:** DIRECTOR
Parent Address: PO BOX 759 MILES CITY MT 59301 **800 #:**
Facility Name: SOUTH EARLING **Facility Phone Number:** (406) 234-5717
First Name: DENISE GARZA **Title:** COMMUNITY HOME
Contact: **Title:**
Address: 820 S EARLING MILES CITY MT 59301- **Region** CUSTER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 14334-06 **Expires:** 1/31/2016 **Licensing Specialist:** LISA MAUA

Parent EASTERN MONTANA INDUSTRIES **Phone:** (406) 234-3740
Director Name: SHERMAN WEIMER **Title:** DIRECTOR
Parent Address: PO BOX 759 MILES CITY MT 59301 **800 #:**
Facility Name: STEPHANIE **Facility Phone Number:** (406) 234-3740
First Name: BROOKLYN POFFENROTH **Title:** HOME MANAGER
Contact: **Title:**
Address: 518 STEPHANIE MILES CITY MT 59301- **Region** CUSTER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 14334-02 **Expires:** 1/31/2016 **Licensing Specialist:** LISA MAUA

Parent EASTERN MONTANA INDUSTRIES **Phone:** (406) 232-3740
Director Name: SHERMAN WEIMER **Title:** DIRECTOR
Parent Address: PO DRAWER 759 MILES CITY MT 59301-0759 **800 #:**
Facility Name: WYOMING GROUP HOME **Facility Phone Number:** (406) 377-1580
First Name: JOYCE UNDERBERG **Title:** HOME MANAGER
Contact: **Title:**
Address: 2002 WYOMING GLENDIVE MT 59330- **Region** DAWSON
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 14334-09 **Expires:** 6/15/2015 **Licensing Specialist:** TRACY JOHNSON

Parent FARM IN THE DELL **Phone:** (406) 853-2943
Director Name: TESSA TAUCK **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 11 BROADUS MT 59317 **800 #:**
Facility Name: POWDER RIVER FARM IN THE DELL **Facility Phone Number:** (406) 853-2943
First Name: **Title:**
Contact: **Title:**
Address: 10 TAYLER LANE BROADUS MT 59317- **Region** POWDER RIVER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age** ADULTS **Gender** MALE OR FEMALE
Facility License 90738616 **Expires:** 6/30/2015 **Licensing Specialist:** LISA MAUA

Parent FARM IN THE DELL INTERNATIONAL **Phone:** (406) 449-9394
Director Name: LOWELL BARTELS **Title:** DIRECTOR
Parent Address: 1208 POPLAR HELENA MT 59601 **800 #:**
Facility Name: FARM IN THE DELL BUTTE **Facility Phone Number:**
First Name: LOWELL BARTELS **Title:**
Contact: **Title:**
Address: 106 PRONGHORN TRAIL BUTTE MT 59701- **Region** SILVER BOW
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 90738615 **Expires:** 4/30/2016 **Licensing Specialist:** STEPHANIE GALLE

Parent FLATHEAD INDUSTRIES **Phone:** (406) 755-7656
Director Name: VICKIE POYNTER **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 1916 KALISPELL MT 59903-1916 **800 #:**
Facility Name: 3RD AVE WEST GROUP HOME **Facility Phone Number:** (406) 257-0984
First Name: DIANE KNUTSON **Title:** MANAGER
Contact: **Title:**
Address: 110 3RD AVE WEST KALISPELL MT 59901-4428 **Region** FLATHEAD
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 9 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10991-06 **Expires:** 9/30/2015 **Licensing Specialist:** TRACY JOHNSON

Parent FLATHEAD INDUSTRIES **Phone:** (406) 755-7656
Director Name: VICKIE POYNTER **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 1916 KALISPELL MT 59903-1916 **800 #:**
Facility Name: 4TH AVE WEST GROUP HOME **Facility Phone Number:** (406) 756-0472
First Name: KIM MEYER **Title:** HOME MANAGER
Contact: **Title:**
Address: 21 4TH AVE WEST KALISPELL MT 59901-4431 **Region** FLATHEAD
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 9 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10991-05 **Expires:** 9/30/2015 **Licensing Specialist:** TRACY JOHNSON

Parent FLATHEAD INDUSTRIES **Phone:** (406) 755-7656
Director Name: VICKIE POYNTER **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 1916 KALISPELL MT 59903-1916 **800 #:**
Facility Name: 6TH AVE DUPLEX GROUP HOME **Facility Phone Number:** (406) 257-0692
First Name: DIANE SANFORD **Title:**
Contact: **Title:**
Address: 1212 & 1214 6TH AVE WEST KALISPELL MT 59901- **Region** FLATHEAD
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10991-08 **Expires:** 9/30/2015 **Licensing Specialist:** TRACY JOHNSON

Parent FLATHEAD INDUSTRIES **Phone:** (406) 755-7656
Director Name: VICKIE POYNTER **Title:** DIRECTOR
Parent Address: PO BOX 1916 KALISPELL MT 59901 **800 #:**
Facility Name: MERGANSER **Facility Phone Number:** (406) 755-7002
First Name: MARLYS BIGONESS **Title:** HOME MANAGER
Contact: **Title:**
Address: 2329 & 2327 MERGANSER DR KALISPELL MT 59901- **Region** KALISPELL
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULTS **Gender** MALE OR FEMALE
Facility License 10991-10 **Expires:** 9/30/2015 **Licensing Specialist:** TRACY JOHNSON

Parent FLATHEAD INDUSTRIES **Phone:** (406) 755-7656
Director Name: VICKIE POYNTER **Title:** DIRECTOR
Parent Address: PO BOX 1916 KALISPELL MT 59903 **800 #:**
Facility Name: TERRY ROAD **Facility Phone Number:** (460) 257-0984
First Name: CRYSTAL HARTIGAN **Title:** HOME MANAGER
Contact: **Title:**
Address: 34 A & B TERRY ROAD KALISPELL MT 59901- **Region** FLATHEAD
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULTS **Gender** FEMALE & MALE
Facility License 10991-11 **Expires:** 9/30/2015 **Licensing Specialist:** TRACY JOHNSON

Parent FLATHEAD INDUSTRIES **Phone:** (406) 755-7656
Director Name: VICKIE POYNTER **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 1916 KALISPELL MT 59903-1916 **800 #:**
Facility Name: WILLOW GLEN GROUP HOME **Facility Phone Number:** (406) 755-2588
First Name: AMBERLY DEWITT **Title:** MANAGER
Contact: **Title:**
Address: 1600 WOODLAND AVE KALISPELL MT 59901- **Region** FLATHEAD
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10991-02 **Expires:** 9/30/2015 **Licensing Specialist:** TRACY JOHNSON

Parent GLENWOOD INCORPORATED **Phone:** (406) 765-2040
Director Name: CANDACE MARSH **Title:** DIRECTOR
Parent Address: 202 E 1ST AVE PLENTYWOOD MT 59254-2207 **800 #:**
Facility Name: OUR HOUSE **Facility Phone Number:**
First Name: **Title:**
Contact: **Title:**
Address: 640 W LAUREL AVE PLENTYWOOD MT 59254-1529 **Region** SHERIDAN
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10720-01 **Expires:** 10/31/2015 **Licensing Specialist:** TRACY JOHNSON

Parent HAVRE DAY ACTIVITY CENTER **Phone:** (406) 265-5506
Director Name: GARNET BERGREN **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 1847 HAVRE MT 59501 **800 #:**
Facility Name: 6TH AVENUE **Facility Phone Number:** (406) 265-4306
First Name: VONDA DVERLIE **Title:** MANAGER
Contact: **Title:**
Address: 1221 6TH AVE HAVRE MT 59501- **Region** HILL
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 11009-01 **Expires:** 3/31/2016 **Licensing Specialist:** TRACY JOHNSON

Parent HAVRE DAY ACTIVITY CENTER **Phone:** (406) 265-5506
Director Name: GARNET BERGREN **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 1847 HAVRE MT 59501 **800 #:**
Facility Name: 7TH STREET **Facility Phone Number:** (406) 265-1327
First Name: KRISSY BOYUM **Title:** MANAGER
Contact: **Title:**
Address: 330 7TH ST HAVRE MT 59501-4922 **Region** HILL
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 11009-05 **Expires:** 3/31/2016 **Licensing Specialist:** TRACY JOHNSON

Parent HAVRE DAY ACTIVITY CENTER **Phone:** (406) 265-5506
Director Name: GARNET BERGREN **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 1847 HAVRE MT 59501 **800 #:**
Facility Name: ASSISTED LIVING **Facility Phone Number:** (406) 265-3331
First Name: DEVYN CARPENTER **Title:** COMMUNITY HOME
Contact: **Title:**
Address: 304 7TH STREET HAVRE MT 59501-4922 **Region** HILL
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 10 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 11009-06 **Expires:** 3/31/2016 **Licensing Specialist:** TRACY JOHNSON

Parent HAVRE DAY ACTIVITY CENTER **Phone:** (406) 265-5506
Director Name: GARNET BERGREN **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 1847 HAVRE MT 59501 **800 #:**
Facility Name: BOULEVARD **Facility Phone Number:** (406) 265-7182
First Name: KALLIE LARSON **Title:** MANAGER
Contact: **Title:**
Address: 905 BOULEVARD AVE HAVRE MT 59501- **Region** HILL
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 11009-02 **Expires:** 3/31/2016 **Licensing Specialist:** TRACY JOHNSON

Parent Director Name: HAVRE DAY ACTIVITY CENTER
 GARNET BERGREN
Phone: (406) 265-5506
Title: EXECUTIVE DIRECTOR
Parent Address: PO BOX 1847 HAVRE MT 59501
800 #:
Facility Name: BULLHOOK
Facility Phone Number: (406) 265-6186
First Name: ANTHONY ROCINSKY
Title: MANAGER
Contact:
Title:
Address: 920 BULLHOOK DR SE HAVRE MT 59501-5295
Region: HILL
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES
Code: ADDGH
Number of: 8
Age: ADULTS
Gender: MALE & FEMALE
Facility License: 11009-04
Expires: 3/31/2016
Licensing Specialist: TRACY JOHNSON

Parent Director Name: HAVRE DAY ACTIVITY CENTER
 GARNET BERGREN
Phone: (406) 265-5506
Title: EXECUTIVE DIRECTOR
Parent Address: PO BOX 1847 HAVRE MT 59501
800 #:
Facility Name: NORTHSIDE
Facility Phone Number: (406) 265-2891
First Name: KELLY ALBRIGHT
Title: MANAGER
Contact:
Title:
Address: 1179 6TH ST NORTH HAVRE MT 59501-3029
Region: HILL
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES
Code: ADDGH
Number of: 6
Age: ADULTS
Gender: MALE & FEMALE
Facility License: 11009-03
Expires: 3/31/2016
Licensing Specialist: TRACY JOHNSON

Parent Director Name: KAIROS YOUTH SERVICES
 PAM RHODES
Phone: (406) 293-8848
Title: EXECUTIVE DIRECTOR
Parent Address: 101 MINERAL AVENUE LIBBY MT 59923-1949
800 #:
Facility Name: FLOWER CREEK GROUP HOME
Facility Phone Number: (406) 293-8848
First Name: KEIDA LETHEN BENNETT
Title: HOME MANAGER
Contact:
Title:
Address: 513 WEST BALSAM STREET LIBBY MT 59923-2725
Region: LINCOLN
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES
Code: ADDGH
Number of: 6
Age: ADULTS
Gender: MALE & FEMALE
Facility License: 10245-01
Expires: 10/31/2015
Licensing Specialist: DEBRA UNRUH

Parent Director Name: LIGHTHOUSE CHRISTIAN HOME & SERVICES
 SHIRLEY WILLIS
Phone: (406) 857-3276
Title: DIRECTOR
Parent Address: PO BOX 8931 KALISPELL MT 59904
800 #:
Facility Name: LIGHTHOUSE CHRISTIAN HOME
Facility Phone Number: (406) 857-3276
First Name:
Title:
Contact:
Title:
Address: 384 N. SOMERS ROAD KALISPELL MT 59901-
Region: FLATHEAD
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES
Code: ADDGH
Number of: 12
Age: ADULTS
Gender: MALE & FEMALE
Facility License: 20851-02
Expires: 9/30/2015
Licensing Specialist: TRACY JOHNSON

Parent LITTLE BITTERROOT SERVICES **Phone:** (406) 826-3689
Director Name: VICKIE POYNTER **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 189 PLAINS MT 59859-0189 **800 #:**
Facility Name: MEANY HOME **Facility Phone Number:** (406) 826-3689
First Name: **Title:**
Contact: **Title:**
Address: 110 E. MEANY STREET PLAINS MT 59859-0189 **Region** SANDERS
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULT **Gender** MALE & FEMALE
Facility License 10241-01 **Expires:** 10/31/2015 **Licensing Specialist:** TRACY JOHNSON

Parent LITTLE BITTERROOT SERVICES **Phone:** (406) 826-3689
Director Name: VICKIE PAYNTER **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 189 PLAINS MT 59859 **800 #:**
Facility Name: STANTON **Facility Phone Number:** (406) 826-3847
First Name: **Title:**
Contact: **Title:**
Address: 205 EAST STANTON PLAINS MT 59859- **Region** SANDERS
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age** ADULTS **Gender** FEMALE
Facility License 10241-02 **Expires:** 10/31/2015 **Licensing Specialist:** TRACY JOHNSON

Parent MALTA OPPORTUNITIES INCORPORATED **Phone:** (406) 654-2582
Director Name: DON NEVRIVY **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 1400 MALTA MT 59538-1400 **800 #:**
Facility Name: MALTA GROUP HOME **Facility Phone Number:** (406) 654-2187
First Name: WANDA KOMOROSKY **Title:** HOME MANAGER
Contact: **Title:**
Address: 506 6TH St West MALTA MT 59538-1400 **Region** PHILLIPS
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULT **Gender** MALE & FEMALE
Facility License 10692-01 **Expires:** 10/31/2015 **Licensing Specialist:** TRACY JOHNSON

Parent MILK RIVER INCORPORATED **Phone:** (406) 228-8412
Director Name: CONNIE WETHERN **Title:** EXECUTIVE DIRECTOR
Parent Address: 219 2ND AVE S GLASGOW MT 59230 **800 #:**
Facility Name: MITCHELL GROUP HOME **Facility Phone Number:** (406) 228-8765
First Name: EVAANA STEELE **Title:**
Contact: **Title:**
Address: 703 3RD AVE S GLASGOW MT 59230-2222 **Region** VALLEY
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 12204-02 **Expires:** 3/31/2016 **Licensing Specialist:** TRACY JOHNSON

Parent MILK RIVER INCORPORATED **Phone:** (406) 228-8412
Director Name: CONNIE WETHERN **Title:** EXECUTIVE DIRECTOR
Parent Address: 219 2ND AVE S GLASGOW MT 59230 **800 #:**
Facility Name: WARREN GROUP HOME **Facility Phone Number:** (406) 228-2791
First Name: DEB FUHRMANN **Title:**
Contact: **Title:**
Address: 330 3RD AVE NORTH GLASGOW MT 53230-1823 **Region** VALLEY
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 12204-01 **Expires:** 3/31/2016 **Licensing Specialist:** TRACY JOHNSON

Parent MISSION MOUNTAIN ENTERPRISES **Phone:** (406) 676-2563
Director Name: GRAYDON MOLL **Title:** EXECUTIVE DIRECTOR
Parent Address: 330 MAIN ST SW RONAN MT 59864-27907 **800 #:**
Facility Name: 9TH AVENUE GROUP HOME **Facility Phone Number:** (406) 883-6770
First Name: BRIANNA WALKER **Title:** HOME MANAGER
Contact: **Title:**
Address: 408 9TH AVE W POLSON MT 59860-5117 **Region** LAKE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10326-03 **Expires:** 5/31/2015 **Licensing Specialist:** DEBRA UNRUH

Parent MISSION MOUNTAIN ENTERPRISES **Phone:** (406) 676-2563
Director Name: GRAYDON MOLL **Title:** EXECUTIVE DIRECTOR
Parent Address: 330 MAIN ST SW RONAN MT 59864-2707 **800 #:**
Facility Name: BENJAMIN STREET GROUP HOME **Facility Phone Number:** (406) 676-3100
First Name: JENNIFER CHRISTENSEN **Title:** HOME MANAGER
Contact: **Title:**
Address: 805 BENJAMIN ST RONAN MT 59864-2202 **Region** LAKE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10326-05 **Expires:** 5/31/2015 **Licensing Specialist:** DEBRA UNRUH

Parent MISSION MOUNTAIN ENTERPRISES **Phone:** (406) 676-2563
Director Name: GRAYDON MOLL **Title:** EXECUTIVE DIRECTOR
Parent Address: 330 MAIN ST SW RONAN MT 59864-2707 **800 #:**
Facility Name: MISSION VIEW GROUP HOME **Facility Phone Number:** (406) 676-8700
First Name: GAYLE MOCK **Title:** HOME MANAGER
Contact: **Title:**
Address: 415 1ST AVE E RONAN MT 59864-3022 **Region** LAKE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10326-02 **Expires:** 5/31/2015 **Licensing Specialist:** DEBRA UNRUH

Parent **MISSION MOUNTAIN ENTERPRISES** **Phone:** (406) 676-2563
Director Name: GRAYDON MOLL **Title:** EXECUTIVE DIRECTOR
Parent Address: 330 MAIN ST SW RONAN MT 59864-2707 **800 #:**
Facility Name: ORCHARD VIEW GROUP HOME **Facility Phone Number:** (406) 883-4860
First Name: SALLY MEIER **Title:** HOME MANAGER
Contact: **Title:**
Address: 115 13TH AVE W POLSON MT 59860-5319 **Region** LAKE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10326-06 **Expires:** 5/31/2015 **Licensing Specialist:** DEBRA UNRUH

Parent **MISSOULA DEVELOPMENTAL SERVICE** **Phone:** (406) 728-5484
Director Name: FRANCINE SADOWSKI **Title:** DIRECTOR
Parent Address: 1005 MARSHALL ST MISSOULA MT 59801-3609 **800 #:**
Facility Name: CURTIS MODULAR **Facility Phone Number:** (406) 549-5031
First Name: **Title:**
Contact: **Title:**
Address: 245 CURTIS STREET MISSOULA MT 59801- **Region** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age** ADULTS **Gender**
Facility License 10383-09 **Expires:** 11/30/2015 **Licensing Specialist:** DEBRA UNRUH

Parent **MISSOULA DEVELOPMENTAL SERVICE** **Phone:** (406) 728-5484
Director Name: FRANCINE SADOWSKI **Title:** DIRECTOR
Parent Address: 1005 MARSHALL ST MISSOULA MT 59801-3609 **800 #:**
Facility Name: CURTIS STREET **Facility Phone Number:** (406) 721-3727
First Name: BRAD CROUCH **Title:** HOME MANAGER
Contact: **Title:**
Address: 249 S CURTIS ST MISSOULA MT 59801- **Region** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10383-10 **Expires:** 12/31/2015 **Licensing Specialist:** DEBRA UNRUH

Parent **MISSOULA DEVELOPMENTAL SERVICE** **Phone:** (406) 728-5484
Director Name: FRANCINE SADOWSKI **Title:** DIRECTOR
Parent Address: 1005 MARSHALL ST MISSOULA MT 59807-3609 **800 #:**
Facility Name: EASY STREET **Facility Phone Number:** (406) 728-6842
First Name: GINA THUL **Title:** HOME MANAGER
Contact: **Title:**
Address: 105 NORTH EASY ST MISSOULA MT 59802-5477 **Region** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10383-02 **Expires:** 11/30/2015 **Licensing Specialist:** DEBRA UNRUH

Parent **MISSOULA DEVELOPMENTAL SERVICE** **Phone:** (406) 728-5484
Director Name: FRANCINE SADOWSKI **Title:** DIRECTOR
Parent Address: 1005 MARSHALL ST MISSOULA MT 59801-3609 **800 #:**
Facility Name: FOSS COURT **Facility Phone Number:** (406) 251-5490
First Name: CINDY DENNIS **Title:** HOME MANAGER
Contact: **Title:**
Address: 105 FOSS COURT MISSOULA MT 59803- **Region** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10383-03 **Expires:** 12/31/2015 **Licensing Specialist:** DEBRA UNRUH

Parent **MISSOULA DEVELOPMENTAL SERVICE** **Phone:** (406) 728-5484
Director Name: FRANCINE SADOWSKI **Title:** DIRECTOR
Parent Address: 1005 MARSHALL ST MISSOULA MT 59801 **800 #:**
Facility Name: HELENA DRIVE **Facility Phone Number:** (406) 258-7023
First Name: RACHELLE THOMPSON **Title:** HOME MANAGER
Contact: **Title:**
Address: 3412 HELENA DRIVE MISSOULA MT 59808- **Region** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age** ADULTS **Gender** MALE
Facility License 10383-13 **Expires:** 12/31/2015 **Licensing Specialist:** DEBRA UNRUH

Parent **MISSOULA DEVELOPMENTAL SERVICE** **Phone:** (406) 728-5484
Director Name: FRANCINE SADOWSKI **Title:** DIRECTOR
Parent Address: 1005 MARSHALL ST MISSOULA MT 59801-3609 **800 #:**
Facility Name: KENT STREET **Facility Phone Number:** (406) 728-0277
First Name: **Title:**
Contact: **Title:**
Address: 405 WEST KENT STREET MISSOULA MT 59801-6724 **Region** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender**
Facility License 10383-04 **Expires:** 11/30/2015 **Licensing Specialist:** DEBRA UNRUH

Parent **MISSOULA DEVELOPMENTAL SERVICE** **Phone:** (406) 728-5484
Director Name: FRANCINE SADOWSKI **Title:** DIRECTOR
Parent Address: 1005 MARSHALL ST MISSOULA MT 59801-3609 **800 #:**
Facility Name: SOUTH HILLS **Facility Phone Number:** (406) 251-5711
First Name: **Title:**
Contact: **Title:**
Address: 2412 S HILLS DRIVE MISSOULA MT 59803-2120 **Region** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 7 **Age** ADULTS **Gender**
Facility License 10383-05 **Expires:** 11/30/2015 **Licensing Specialist:** DEBRA UNRUH

Parent **MISSOULA DEVELOPMENTAL SERVICE** **Phone:** (406) 728-5484
Director Name: FRANCINE SADOWSKI **Title:** DIRECTOR
Parent Address: 1005 MARSHALL ST MISSOULA MT 59801-3609 **800 #:**
Facility Name: SPURGIN ROAD **Facility Phone Number:** (406) 728-5659
First Name: MARILYN MADONA **Title:** HOME MANAGER
Contact: **Title:**
Address: 4109 SPURGIN RD MISSOULA MT 59804- **Region** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10383-06 **Expires:** 12/31/2015 **Licensing Specialist:** DEBRA UNRUH

Parent **MISSOULA DEVELOPMENTAL SERVICE** **Phone:** (740) 728-5484
Director Name: FRANCINE SADOWSKI **Title:** DIRECTOR
Parent Address: 1005 MARSHALL ST MISSOULA MT 59801 **800 #:**
Facility Name: STANDISH WAY **Facility Phone Number:**
First Name: **Title:**
Contact: **Title:**
Address: 3814 STANDISH WAY MISSOULA MT 59808- **Region** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age** ADULTS **Gender**
Facility License 10383-11 **Expires:** 11/30/2015 **Licensing Specialist:** DEBRA UNRUH

Parent **MISSOULA DEVELOPMENTAL SERVICE** **Phone:** (406) 728-5484
Director Name: FRANCINE SADOWSKI **Title:** DIRECTOR
Parent Address: 1005 MARSHALL ST MISSOULA MT 59801 **800 #:**
Facility Name: STRATFORD LANE **Facility Phone Number:** (406) 258-7022
First Name: BRIAN STURM **Title:** HOME MANAGER
Contact: **Title:**
Address: 2647 STRATFORD LANE MISSOULA MT 59808- **Region** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age** ADULTS **Gender** MALES
Facility License 110383-12 **Expires:** 12/31/2015 **Licensing Specialist:** DEBRA UNRUH

Parent **MISSOULA DEVELOPMENTAL SERVICE** **Phone:** (406) 728-5484
Director Name: FRANCINE SADOWSKI **Title:** DIRECTOR
Parent Address: 1005 MARSHALL ST MISSOULA MT 59801-3609 **800 #:**
Facility Name: TULIP LANE **Facility Phone Number:** (406) 728-4366
First Name: JOLYNN BLAKELEY **Title:** HOME MANAGER
Contact: **Title:**
Address: 1205 TULIP LANE MISSOULA MT 59802- **Region** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10383-07 **Expires:** 12/31/2015 **Licensing Specialist:** DEBRA UNRUH

Parent **MISSOULA DEVELOPMENTAL SERVICE** **Phone:** (406) 728-5484
Director Name: FRANCINE SADOWSKI **Title:** DIRECTOR
Parent Address: 1005 MARSHALL ST MISSOULA MT 59801-3609 **800 #:**
Facility Name: WYLIE AVE **Facility Phone Number:** (406) 728-1534
First Name: **Title:**
Contact: **Title:**
Address: 2430 WYLIE AVE MISSOULA MT 59802-3430 **Region** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 7 **Age** ADULTS **Gender**
Facility License 10383-08 **Expires:** 11/30/2015 **Licensing Specialist:** DEBRA UNRUH

Parent **MOUNTAIN SPRINGS LIVING** **Phone:**
Director Name: SHANE MCDONNELL **Title:** DIRECTOR
Parent Address: PO BOX 1432 REDLODGE MT 59068 **800 #:**
Facility Name: MOUNTAIN SPRINGS LIVING **Facility Phone Number:** (406) 446-0222
First Name: SHIRLEY JOHNSON **Title:** HOME MANAGER
Contact: KATHLEEN LARSEN **Title:**
Address: 215 N COOPER AVE REDLOGE MT 59068- **Region** CARBON
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULTS **Gender** MALE AND FEMALE
Facility License 44380-01 **Expires:** 3/31/2016 **Licensing Specialist:** LISA MAUA

Parent **NEW HORIZONS** **Phone:** (406) 353-2611
Director Name: PATRICIA FRENETTE **Title:** DIRECTOR
Parent Address: 606 CENTRAL AVE W HARLEM MT 59526-9443 **800 #:**
Facility Name: NEW HORIZONS **Facility Phone Number:** (406) 353-2771
First Name: **Title:**
Contact: **Title:**
Address: 40 4TH STREET SW HARLEM MT 59526-9443 **Region** BLAINE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10980-01 **Expires:** 6/29/2015 **Licensing Specialist:** TRACY JOHNSON

Parent **OPPORTUNITY RESOURCES** **Phone:** (406) 721-2930
Director Name: JESSE DUNN **Title:** DIRECTOR
Parent Address: 2821 S RUSSELL ST MISSOULA MT 59801-7913 **800 #:**
Facility Name: 8TH STREET **Facility Phone Number:** (406) 829-1602
First Name: JENNIFER TURNER **Title:** COMMUNITY HOME
Contact: **Title:**
Address: 2385 & 2395 8TH ST MISSOULA MT 59801- **Region** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10125-05 **Expires:** 9/30/2015 **Licensing Specialist:** DEBRA UNRUH

Parent **OPPORTUNITY RESOURCES** **Phone:** (406) 721-2930
Director Name: JESSE DUNN **Title:** DIRECTOR
Parent Address: 2821 S RUSSELL STREET MISSOULA MT 59801-7913 **800 #:**
Facility Name: DICKINSON GROUP HOME **Facility Phone Number:** (406) 549-0847
First Name: ELEANOR DOUGHERTY **Title:** COMMUNITY HOME
Contact: **Title:**
Address: 519 DICKINSON ST MISSOULA MT 59802-3117 **Region** MISSOULA
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10125-03 **Expires:** 9/30/2015 **Licensing Specialist:** DEBRA UNRUH

Parent **OPPORTUNITY RESOURCES** **Phone:** (406) 721-2930
Director Name: JESSE DUNN **Title:** DIRECTOR
Parent Address: 2821 S RUSSELL ST MISSOULA MT 59801-7913 **800 #:**
Facility Name: NORTH HOWARD STREET **Facility Phone Number:** (406) 728-5690
First Name: BEVIN COOK **Title:** COMMUNITY HOME
Contact: **Title:**
Address: 531 HOWARD ST MISSOULA MT 59804- **Region** MISSOULA
Facility Type: PHYSICALLY DISABLED **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10125-04 **Expires:** 9/30/2015 **Licensing Specialist:** DEBRA UNRUH

Parent **OPPORTUNITY RESOURCES** **Phone:** (406) 721-2930
Director Name: JESSE DUNN **Title:** DIRECTOR
Parent Address: 2821 S RUSSELL ST MISSOULA MT 59801-7913 **800 #:**
Facility Name: SOUTH HOWARD STREET **Facility Phone Number:** (406) 251-4612
First Name: LEZLIE HEPBURN **Title:** COMMUNITY HOME
Contact: **Title:**
Address: 599 HOWARD ST MISSOULA MT 59804- **Region** MISSOULA
Facility Type: PHYSICALLY DISABLED **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10125-02 **Expires:** 9/30/2015 **Licensing Specialist:** DEBRA UNRUH

Parent **QUALITY LIFE CONCEPTS** **Phone:** (406) 452-9531
Director Name: PRISCILLA HALCROM **Title:** CEO
Parent Address: PO BOX 2506 GREAT FALLS MT 59403 **800 #:**
Facility Name: BERKNER HEIGHTS **Facility Phone Number:** (406) 761-4455
First Name: MELISSA REAVIS **Title:** HOME MANAGER
Contact: **Title:**
Address: 3937 15TH AVE S GREAT FALLS MT 59405- **Region** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 9 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10562-04 **Expires:** 1/31/2016 **Licensing Specialist:** TRACY JOHNSON

Parent **QUALITY LIFE CONCEPTS** **Phone:** (406) 452-9531
Director Name: PRISCILLA HALCROM **Title:** CEO
Parent Address: PO BOX 2506 GREAT FALLS MT 59403-2506 **800 #:**
Facility Name: **CEDAR GROUP HOME** **Facility Phone Number:** (406) 453-3471
First Name: DENISE GRISEZ **Title:** HOME MANAGER
Contact: **Title:**
Address: 630 CAROL DR GREAT FALLS MT 59403- **Region** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 7 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10562-03 **Expires:** 1/31/2016 **Licensing Specialist:** TRACY JOHNSON

Parent **QUALITY LIFE CONCEPTS** **Phone:** (406) 452-9531
Director Name: PRISCILLA HALCROM **Title:** CEO
Parent Address: PO BOX 2506 GREAT FALLS MT 59403 **800 #:**
Facility Name: **CENTRAL PARK** **Facility Phone Number:** (406) 452-9879
First Name: ROCHELLE LEE **Title:** HOME MANAGER
Contact: **Title:**
Address: #11 16TH ST NORTH GREAT FALLS MT 59401- **Region** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10562-16 **Expires:** 1/31/2016 **Licensing Specialist:** TRACY JOHNSON

Parent **QUALITY LIFE CONCEPTS** **Phone:** (406) 452-9531
Director Name: PRISCILLA HALCROM **Title:** CEO
Parent Address: PO BOX 2506 GREAT FALLS MT 59403-2506 **800 #:**
Facility Name: **HANSEN GROUP HOME** **Facility Phone Number:** (406) 761-4690
First Name: MARC LEONARD **Title:** HOME MANAGER
Contact: **Title:**
Address: 2601 2ND AVE S GREAT FALLS MT 59405- **Region** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10562-05 **Expires:** 1/31/2016 **Licensing Specialist:** TRACY JOHNSON

Parent **QUALITY LIFE CONCEPTS** **Phone:** (406) 452-9531
Director Name: PRISCILLA HALCROM **Title:** CEO
Parent Address: PO BOX 2506 GREAT FALLS MT 59403-2506 **800 #:**
Facility Name: **LAUREL GROUP HOME** **Facility Phone Number:** (406) 761-5567
First Name: BRAD GRISEZ **Title:** HOME MANAGER
Contact: **Title:**
Address: 1240 26TH AVE SW GREAT FALLS MT 59405- **Region** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10562-07 **Expires:** 1/31/2016 **Licensing Specialist:** TRACY JOHNSON

Parent **QUALITY LIFE CONCEPTS** **Phone:** (406) 452-9531
Director Name: PRISCILLA HALCRO **Title:** CEO
Parent Address: PO BOX 2506 GREAT FALLS MT 59403 **800 #:**
Facility Name: **MEADOWLARK GROUP HOME** **Facility Phone Number:** (406) 761-7163
First Name: TARRA THOMPSON **Title:** HOME MANAGER
Contact: **Title:**
Address: 120 RIVERVIEW 5 WEST GREAT FALLS MT 59403- **Region** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10562-20 **Expires:** 1/31/2016 **Licensing Specialist:** TRACY JOHNSON

Parent **QUALITY LIFE CONCEPTS** **Phone:** (406) 452-9531
Director Name: PRISCILLA HALCROM **Title:** CEO
Parent Address: PO BOX 2506 GREAT FALLS MT 59403 **800 #:**
Facility Name: **PARK GARDEN** **Facility Phone Number:** (406) 761-5563
First Name: ROGER PAUL **Title:** HOME MANAGER
Contact: **Title:**
Address: 1473 PARK GARDEN RD GREAT FALLS MT 59401- **Region** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10562-08 **Expires:** 1/31/2016 **Licensing Specialist:** TRACY JOHNSON

Parent **QUALITY LIFE CONCEPTS** **Phone:** (406) 452-9531
Director Name: PRISCILLA HALCROM **Title:** CEO
Parent Address: PO BOX 2506 GREAT FALLS MT 59403-2506 **800 #:**
Facility Name: **PRIMROSE GROUP HOME** **Facility Phone Number:** (406) 771-9142
First Name: LAUREN ROAN **Title:** HOME MANAGER
Contact: **Title:**
Address: 4101 3RD AVE N GREAT FALLS MT 59401- **Region** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 7 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10562-10 **Expires:** 1/31/2016 **Licensing Specialist:** TRACY JOHNSON

Parent **QUALITY LIFE CONCEPTS** **Phone:** (406) 452-9531
Director Name: PRISCILLA HALCROM **Title:** CEO
Parent Address: PO BOX 2506 GREAT FALLS MT 59403-2506 **800 #:**
Facility Name: **RAMUR VILLA** **Facility Phone Number:** (406) 452-6071
First Name: JEFF FELIX **Title:** HOME MANAGER
Contact: **Title:**
Address: 332 RIVERVIEW 7 W GREAT FALLS MT 59401- **Region** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 5 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10562-13 **Expires:** 1/31/2016 **Licensing Specialist:** TRACY JOHNSON

Parent **QUALITY LIFE CONCEPTS** **Phone:** (406) 452-9531
Director Name: PRISCILLA HALCRO **Title:** CEO
Parent Address: PO BOX 2506 GREAT FALLS MT 59403 **800 #:**
Facility Name: RIVERVIEW **Facility Phone Number:** (406) 761-0983
First Name: RACHEL AMBROSE **Title:** HOME MANAGER
Contact: **Title:**
Address: 216 RIVERVIEW DR EAST GREAT FALLS MT 59403- **Region** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE OR FEMALE
Facility License 10562-19 **Expires:** 1/31/2016 **Licensing Specialist:** TRACY JOHNSON

Parent **QUALITY LIFE CONCEPTS** **Phone:** (406) 452-9531
Director Name: PRISCILLA HALCROM **Title:** CEO
Parent Address: PO BOX 2506 GREAT FALLS MT 59403-2506 **800 #:**
Facility Name: SKYVIEW GROUP HOME **Facility Phone Number:** (406) 278-0154
First Name: PAM WENDT **Title:** RESOURCE SPECIALIST
Contact: **Title:**
Address: 502 6TH AVE SW CONRAD MT 59425- **Region** TOOLE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 7 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10562-17 **Expires:** 7/31/2015 **Licensing Specialist:** TRACY JOHNSON

Parent **QUALITY LIFE CONCEPTS** **Phone:** (406) 452-9531
Director Name: PRISCILLA HAICRO **Title:** CEO
Parent Address: PO BOX 2506 GREAT FALLS MT 59403 **800 #:**
Facility Name: SOUTH PARK **Facility Phone Number:** (406) 453-7514
First Name: BRITTANY MCGOVERN **Title:** HOME MANAGER
Contact: **Title:**
Address: 2312 13TH AVE SOUTH GREAT FALLS MT 59405- **Region** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10562-11 **Expires:** 1/31/2016 **Licensing Specialist:** TRACY JOHNSON

Parent **QUALITY LIFE CONCEPTS** **Phone:** (406) 452-9531
Director Name: PRISCILLA HALCROM **Title:** CEO
Parent Address: PO BOX 2506 GREAT FALLS MT 59403-2506 **800 #:**
Facility Name: TREASURE STATE **Facility Phone Number:** (406) 727-0562
First Name: STACEY KNAPSTAD **Title:** HOME MANAGER
Contact: **Title:**
Address: 144 TREASURE STATE DR GREAT FALLS MT 59405- **Region** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 7 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10562-12 **Expires:** 1/31/2016 **Licensing Specialist:** TRACY JOHNSON

Parent **QUALITY LIFE CONCEPTS** **Phone:** (406) 452-9531
Director Name: PRISCILLA HALCROM **Title:** CEO
Parent Address: PO BOX 2506 GREAT FALLS MT 59403-2506 **800 #:**
Facility Name: WILLOW GROUP HOME **Facility Phone Number:** (406) 761-2425
First Name: BECKY DRESEL **Title:** HOME MANAGER
Contact: **Title:**
Address: 3233 5TH AVE S GREAT FALLS MT 59405-3339 **Region** CASCADE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10562-02 **Expires:** 1/31/2016 **Licensing Specialist:** TRACY JOHNSON

Parent **RAVALLI SERVICES** **Phone:** (406) 363-5400
Director Name: MICHAEL SADOWSKI **Title:** ADMINISTRATOR
Parent Address: 219 PENNSYLVANIA AVE HAMILTON MT 59840 **800 #:**
Facility Name: DUPLEX **Facility Phone Number:** (406) 363-7057
First Name: **Title:**
Contact: **Title:**
Address: 825 NEW YORK AVENUE HAMILTON MT 59840- **Region** RAVALLI
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULTS **Gender** MALE OR FEMALE
Facility License 90738617 **Expires:** 10/31/2015 **Licensing Specialist:** DEBRA UNRUH

Parent **RAVALLI SERVICES** **Phone:** (406) 363-5400
Director Name: MICHAEL SADOWSKI **Title:** DIRECTOR
Parent Address: 219 PENNSYLVANIA AVE HAMILTON MT 59840-0558 **800 #:**
Facility Name: RIVERVIEW GROUP HOME **Facility Phone Number:** (406) 363-6449
First Name: **Title:**
Contact: **Title:**
Address: 520 N 6TH ST HAMILTON MT 59840-2218 **Region** RAVALLI
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10028-02 **Expires:** 10/31/2015 **Licensing Specialist:** DEBRA UNRUH

Parent **RAVALLI SERVICES** **Phone:** (406) 363-5400
Director Name: MICHAEL SADOWSKI **Title:** DIRECTOR
Parent Address: 219 PENNSYLVANIA AVE HAMILTON MT 59840-0558 **800 #:**
Facility Name: TAMMANY **Facility Phone Number:** (406) 363-4136
First Name: SYLVIA PETERSON **Title:** COMMUNITY HOME
Contact: **Title:**
Address: 289 HATTIE LANE HAMILTON MT 59840-3206 **Region** RAVALLI
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10028-03 **Expires:** 10/31/2015 **Licensing Specialist:** DEBRA UNRUH

Parent **RAVALLI SERVICES** **Phone:** (406) 363-5400
Director Name: MICHAEL SADOWSKI **Title:** EXECUTIVE DIRECTOR
Parent Address: 219 PENNSYLVANIA AVE HAMILTON MT 59840 **800 #:**
Facility Name: VISTA **Facility Phone Number:** (406) 375-5202
First Name: JESSICA HENNAGER **Title:** HOME MANAGER
Contact: **Title:**
Address: 460 OLD CORVALLIS RD HAMILTON MT 59840- **Region** RAVALLI
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 7 **Age** ADULTS **Gender** MALE OR FEMALE
Facility License 10028-04 **Expires:** 10/31/2015 **Licensing Specialist:** DEBRA UNRUH

Parent **REACH** **Phone:** (406) 587-1271
Director Name: ROB TALLON **Title:** DIRECTOR
Parent Address: 322 GALLATIN PARK DRIVE BOZEMAN MT 59715 **800 #:**
Facility Name: CEDARVIEW **Facility Phone Number:** (406) 585-7640
First Name: TAMARA VOOK **Title:** HOME MANAGER
Contact: **Title:**
Address: 1127 N CEDARVIEW DR BOZEMAN MT 59718- **Region** GALLATIN
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 3 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 14501-07 **Expires:** 5/30/2015 **Licensing Specialist:** LISA MAUA

Parent **REACH** **Phone:** (406) 587-1271
Director Name: ROB TALLON **Title:** DIRECTOR
Parent Address: 322 GALLATIN PARK DRIVE BOZEMAN MT 59715 **800 #:**
Facility Name: NORTH 3RD **Facility Phone Number:** (406) 586-1170
First Name: TINA GALGARUD **Title:**
Contact: **Title:**
Address: 436 N 3RD AVE BOZEMAN MT 59715-3459 **Region** GALLATIN
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 7 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 14501-03 **Expires:** 5/30/2015 **Licensing Specialist:** LISA MAUA

Parent **REACH** **Phone:** (406) 587-1271
Director Name: ROB TALLON **Title:** DIRECTOR
Parent Address: 322 GALLATIN PARK DRIVE BOZEMAN MT 59715 **800 #:**
Facility Name: NORTH WILLOW TOWNHOUSE **Facility Phone Number:** (406) 587-6106
First Name: **Title:**
Contact: **Title:**
Address: 54 MICHAEL GROVE BOZEMAN MT 59718- **Region** GALLATIN
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age** ADULTS **Gender** MALE OR FEMAL
Facility License 14501-08 **Expires:** 5/30/2015 **Licensing Specialist:** LISA MAUA

Parent REACH **Phone:** (406) 587-8820
Director Name: ROB TALLON **Title:** DIRECTOR
Parent Address: 322 GALLATIN PARK DRIVE BOZEMAN MT 59715 **800 #:**
Facility Name: SOUTH WILLOW TOWNHOUSE **Facility Phone Number:** (406) 587-6106
First Name: JULIA STEWART **Title:** MANAGER
Contact: **Title:**
Address: 50 MICHAEL GROVE BOZEMAN MT 59718- **Region** GALLATIN
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 14501-06 **Expires:** 5/30/2015 **Licensing Specialist:** LISA MAUA

Parent REACH **Phone:** (406) 587-1271
Director Name: ROB TALLON **Title:** DIRECTOR
Parent Address: 322 GALLATIN PARK DR BOZEMAN MT 59715 **800 #:**
Facility Name: VALLEY CREEK 3508 **Facility Phone Number:** (406) 585-9216
First Name: JERA CLARK **Title:** HOME MANAGER
Contact: **Title:**
Address: 3508 GOLDEN VALLEY DR BOZEMAN MT 59718- **Region** GALLATIN
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age** ADULTS **Gender** MALE AND FEMALE
Facility License 14501-02 **Expires:** 5/30/2015 **Licensing Specialist:** LISA MAUA

Parent REACH **Phone:** (406) 587-1271
Director Name: ROB TALLON **Title:** DIRECTOR
Parent Address: 322 GALLATIN PARK DRIVE BOZEMAN MT 59715 **800 #:**
Facility Name: WEST VALLEY CREEK TOWNHOUSE **Facility Phone Number:** (406) 587-8820
First Name: **Title:**
Contact: **Title:**
Address: 3512 GOLDEN VALLEY DR BOZEMAN MT 59718-1919 **Region** GALLATIN
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 14501-09 **Expires:** 5/30/2015 **Licensing Specialist:** LISA MAUA

Parent RESIDENTIAL SUPPORT SERVICES **Phone:** (406) 248-4211
Director Name: JIM UECKER **Title:** EXECUTIVE DIRECTOR
Parent Address: 2024 3RD AVE NORTH BILLINGS MT 59101 **800 #:**
Facility Name: 20TH STREET APARTMENTS **Facility Phone Number:** (406) 652-5498
First Name: TRACY BLAZO **Title:** HOME MANAGER
Contact: **Title:**
Address: 1240 20TH STREET WEST BILLINGS MT 59101- **Region** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 7 **Age** ADULTS **Gender** FEMALE
Facility License 907386-12 **Expires:** 8/31/2015 **Licensing Specialist:** LISA MAUA

Parent RESIDENTIAL SUPPORT SERVICES **Phone:** (406) 248-4211
Director Name: JIM UECKER **Title:** EXECUTIVE DIRECTOR
Parent Address: 2024 3RD AVE NORTH BILLINGS MT 59101 **800 #:**
Facility Name: ANTELOPE 1 **Facility Phone Number:** (406) 259-6017
First Name: **Title:**
Contact: **Title:**
Address: 70 ANTELOPE TRAIL BILLINGS MT 59105-3014 **Region** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender**
Facility License 907386-10 **Expires:** 4/30/2016 **Licensing Specialist:** LISA MAUA

Parent RESIDENTIAL SUPPORT SERVICES **Phone:** (406) 248-4211
Director Name: LARRY GOEHNER **Title:** EXECUTIVE DIRECTOR
Parent Address: 2024 3RD AVE NORTH BILLINGS MT 59101 **800 #:**
Facility Name: ANTELOPE II **Facility Phone Number:** (406) 254-7036
First Name: **Title:**
Contact: **Title:**
Address: 74 ANTELOPE TRAIL BILLINGS MT 59105- **Region** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender**
Facility License 907386-11 **Expires:** 11/30/2015 **Licensing Specialist:** LISA MAUA

Parent RESIDENTIAL SUPPORT SERVICES **Phone:** (406) 248-4211
Director Name: JIM UECKER **Title:** EXECUTIVE DIRECTOR
Parent Address: 2024 3RD AVE N BILLINGS MT 59101 **800 #:**
Facility Name: CONSTELLATION **Facility Phone Number:** (406) 259-1774
First Name: JENNIFER BAILEY **Title:** HOME MANAGER
Contact: **Title:**
Address: 2340 CONSTELLATION TRAIL BILLINGS MT 59105-3608 **Region** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 7 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 907386-04 **Expires:** 1/31/2016 **Licensing Specialist:** LISA MAUA

Parent RESIDENTIAL SUPPORT SERVICES **Phone:** (406) 248-4211
Director Name: JIM UECKER **Title:** EXECUTIVE DIRECTOR
Parent Address: 2024 3RD AVE N BILLINGS MT 59101 **800 #:**
Facility Name: GRANGER **Facility Phone Number:** (406) 652-8445
First Name: ANN CAMP **Title:** MANAGER
Contact: **Title:**
Address: 3555 GRANGER AVE W BILLINGS MT 59102-6046 **Region** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 907386-02 **Expires:** 5/31/2015 **Licensing Specialist:** LISA MAUA

Parent **RESIDENTIAL SUPPORT SERVICES** **Phone:** (406) 248-4211
Director Name: JIM UECKER **Title:** EXECUTIVE DIRECTOR
Parent Address: 2024 3RD AVE N BILLINGS MT 59101 **800 #:**
Facility Name: LEWIS **Facility Phone Number:** (406) 248-5572
First Name: ANN CAMP **Title:** HOME MANAGER
Contact: **Title:**
Address: 1202 LEWIS AVE BILLINGS MT 53102- **Region** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
 Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 907386-06 **Expires:** 1/31/2016 **Licensing Specialist:** LISA MAUA

Parent **RESIDENTIAL SUPPORT SERVICES** **Phone:** (406) 248-4211
Director Name: JIM UECKER **Title:** EXECUTIVE DIRECTOR
Parent Address: 2024 3RD AVE NORTH BILLINGS MT 59101 **800 #:**
Facility Name: NORTH 18TH **Facility Phone Number:** (406) 259-2715
First Name: ELIZABETH ESPINOSA **Title:** HOME MANAGER
Contact: **Title:**
Address: 914 N 18TH ST BILLINGS MT 59101-0331 **Region** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
 Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 907386-09 **Expires:** 3/31/2016 **Licensing Specialist:** LISA MAUA

Parent **RESIDENTIAL SUPPORT SERVICES** **Phone:** (406) 248-4211
Director Name: JAMES UECKER **Title:** DIRECTOR
Parent Address: 2024 3RD AVE NORTH BILLINGS MT 49101 **800 #:**
Facility Name: NORTHRIDGE CIRCLE **Facility Phone Number:** (406) 281-8069
First Name: **Title:** HOME MANAGER
Contact: **Title:**
Address: 2109 NORTHRIDGE CIRCLE BILLINGS MT 59102- **Region** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
 Number of 4 **Age** ADULTS **Gender** MALE OR FEMALE
Facility License 907386-13 **Expires:** 6/5/2015 **Licensing Specialist:** LISA MAUA

Parent **RESIDENTIAL SUPPORT SERVICES** **Phone:** (406) 248-4211
Director Name: JAMES UECKER **Title:** DIRECTOR
Parent Address: 2024 3RD AVE NORTH BILLINGS MT 59101 **800 #:**
Facility Name: NUTTER **Facility Phone Number:** (406) 656-7406
First Name: ZACH ASAY **Title:** HOME MANAGER
Contact: **Title:**
Address: 1122 NUTTER BILLINGS MT 59105- **Region** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
 Number of 6 **Age** ADULTS **Gender** MALES
Facility License 0907386-14 **Expires:** 9/30/2015 **Licensing Specialist:** LISA MAUA

06-May-15

Parent RESIDENTIAL SUPPORT SERVICES **Phone:** (406) 248-4211
Director Name: JIM UECKER **Title:** EXECUTIVE DIRECTOR
Parent Address: 2024 3RD AVE N BILLINGS MT 59101 **800 #:**
Facility Name: PANNERS **Facility Phone Number:** (406) 248-6552
First Name: JURRET SINDELAR **Title:** HOME MANAGER
Contact: **Title:**
Address: 1320 PANNERS PL BILLINGS MT 59105-1681 **Region** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 907386-05 **Expires:** 1/31/2016 **Licensing Specialist:** LISA MAUA

Parent RESIDENTIAL SUPPORT SERVICES **Phone:** (406) 248-4211
Director Name: JIM UECKER **Title:** EXECUTIVE DIRECTOR
Parent Address: 2024 3RD AVE NORTH BILLINGS MT 59101 **800 #:**
Facility Name: STILLWATER GROUP HOME **Facility Phone Number:** (406) 245-7520
First Name: **Title:**
Contact: **Title:**
Address: 118 STILLWATER LN BILLINGS MT 59105-3733 **Region** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender**
Facility License 907386-08 **Expires:** 11/30/2015 **Licensing Specialist:** LISA MAUA

Parent RESIDENTIAL SUPPORT SERVICES **Phone:** (406) 248-4211
Director Name: JIM UECKER **Title:** EXECUTIVE DIRECTOR
Parent Address: 2024 3RD AVE NORTH BILLINGS MT 59101 **800 #:**
Facility Name: WESTCHESTER **Facility Phone Number:** (406) 256-6527
First Name: JENNIFER BAILEY **Title:** HOME MANAGER
Contact: **Title:**
Address: 227 WESTCHESTER PL BILLINGS MT 59105-1636 **Region** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 907386-07 **Expires:** 1/31/2016 **Licensing Specialist:** LISA MAUA

Parent RESOURCE SUPPORT AND DEVELOPMENT **Phone:** (406) 652-5443
Director Name: CARMEN CRUM **Title:** DIRECTOR
Parent Address: PO BOX 80185 BILLINGS MT 59108-0185 **800 #:**
Facility Name: COOPER GROUP HOME **Facility Phone Number:** (401) 446-1110
First Name: CHARITY STEPHENS **Title:** COMMUNITY HOME
Contact: **Title:**
Address: 223 COOPER RED LODGE MT 59068- **Region** CARBON
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULT **Gender** MALE & FEMALE
Facility License 14065-02 **Expires:** 9/30/2015 **Licensing Specialist:** LISA MAUA

Parent **RESOURCE SUPPORT AND DEVELOPMENT** **Phone:** (406) 652-5443
Director Name: RHODA MILLER **Title:** DIRECTOR
Parent Address: PO BOX 80185 BILLINGS MT 59108-0185 **800 #:**
Facility Name: **CRAWFORD HOME** **Facility Phone Number:** (406) 665-2278
First Name: JIM DAVIS **Title:** COMMUNITY HOME
Contact: KRISTIE ROBERTSON **Title:** FACILITY DIRECTOR
Address: 520 NORTH CRAWFORD AVE HARDIN MT 59034- **Region** BIG HORN
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** AUDLTS **Gender** MALE & FEMALE
Facility License 14065-04 **Expires:** 12/31/2015 **Licensing Specialist:** LISA MAUA

Parent **RESOURCE SUPPORT AND DEVELOPMENT** **Phone:** (406) 652-5443
Director Name: CARMEN CRUM **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 80185 BILLINGS MT 59108-0185 **800 #:**
Facility Name: **KATHY GROUP HOME** **Facility Phone Number:** (406) 259-9955
First Name: LAURIE SERFAZO **Title:** HOME MANAGER
Contact: **Title:**
Address: 344 KATHY LANE BILLINGS MT 59105- **Region** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULT **Gender** MALE & FEMALE
Facility License 14065-07 **Expires:** 2/27/2016 **Licensing Specialist:** LISA MAUA

Parent **RESOURCE SUPPORT AND DEVELOPMENT** **Phone:** (406) 652-5443
Director Name: RHODA MILLER **Title:** DIRECTOR
Parent Address: 2110 OVERLAND BILLINGS 5910 59108-0185 **800 #:**
Facility Name: **LAKE ELMO** **Facility Phone Number:** (406) 252-1283
First Name: CINDY REHLING **Title:** COMMUNITY HOME
Contact: **Title:**
Address: 2200 LAKE ELMO DR BILLINGS MT 59105- **Region** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULT **Gender** MALE & FEMALE
Facility License 14065-06 **Expires:** 3/13/2016 **Licensing Specialist:** LISA MAUA

Parent **RESOURCE SUPPORT AND DEVELOPMENT** **Phone:** (406) 652-5443
Director Name: RHODA MILLER **Title:** DIRECTOR
Parent Address: PO BOX 80185 BILLINGS MT 59108-0185 **800 #:**
Facility Name: **SNOWY MOUNTAIN** **Facility Phone Number:** (406) 538-8998
First Name: JOAN BEBEE **Title:** HOME MANAGER
Contact: **Title:**
Address: 134 MOUNT PLEASANT ST LEWISTOWN MT 59457-2231 **Region** FERGUS
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULT **Gender** MALE & FEMALE
Facility License 14065-05 **Expires:** 3/31/2016 **Licensing Specialist:** TRACY JOHNSON

Parent **RESOURCE SUPPORT AND DEVELOPMENT** **Phone:** (406) 652-5443
Director Name: CARMEN CRUM **Title:** DIRECTOR
Parent Address: PO BOX 80185 BILLINGS MT 59108-0185 **800 #:**
Facility Name: WHITE GROUP HOME **Facility Phone Number:** (406) 446-1398
First Name: CHARITY STEPHENS **Title:** COMMUNITY HOME
Contact: **Title:**
Address: 1002 WHITE RED LODGE MT 59068- **Region** CARBON
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULT **Gender** MALE & FEMALE
Facility License 14065-03 **Expires:** 9/30/2015 **Licensing Specialist:** LISA MAUA

Parent **RICHLAND OPPORTUNITIES** **Phone:** (406) 488-3341
Director Name: CINDY ELESON **Title:** DIRECTOR
Parent Address: 1100 SILURIAN LANE SIDNEY MT 59270 **800 #:**
Facility Name: AGETHA PEER GROUP HOME **Facility Phone Number:** (406) 488-7304
First Name: ROXANNE BAKKEN **Title:** HOME MANAGER
Contact: **Title:**
Address: 405 2ND AVENUE SE SIDNEY MT 59270- **Region** RICHLAND
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 14369-03 **Expires:** 8/31/2015 **Licensing Specialist:** TRACY JOHNSON

Parent **RICHLAND OPPORTUNITIES** **Phone:** (406) 488-3341
Director Name: CINDY ELESON **Title:** DIRECTOR
Parent Address: 1100 SILURIAN LANE SIDNEY MT 59270 **800 #:**
Facility Name: SVARRE GROUP HOME **Facility Phone Number:** (406) 482-4189
First Name: WHITNEY GROSSMAN **Title:** HOME MANAGER
Contact: **Title:**
Address: 410 22ND AVENUE NW SIDNEY MT 59270-5972 **Region** RICHLAND
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 14369-02 **Expires:** 8/31/2015 **Licensing Specialist:** TRACY JOHNSON

Parent **SPECIAL K RANCH** **Phone:** (406) 322-5520
Director Name: MIKE OBERG **Title:** DIRECTOR
Parent Address: PO BOX 479 COLUMBUS MT 59019 **800 #:**
Facility Name: AGAPE HOUSE **Facility Phone Number:** (406) 322-4811
First Name: THERESA FRISIUS **Title:** HOME MANAGER
Contact: **Title:**
Address: PO BOX 479 COLUMBUS MT 59019- **Region** STILLWATER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age** ADULTS **Gender** MALES
Facility License 10570-02 **Expires:** 12/31/2015 **Licensing Specialist:** LISA MAUA

Parent SPECIAL K RANCH **Phone:** (406) 322-5520
Director Name: MIKE OBERG **Title:** DIRECTOR
Parent Address: PO BOX 479 COLUMBUS MT 59019 **800 #:**
Facility Name: BROYLES HOME **Facility Phone Number:** (406) 322-9091
First Name: DEB CARTER **Title:** HOME MANAGER
Contact: **Title:**
Address: 82 SPECIAL K LANE COLUMBUS MT **Region:** STILLWATER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 3 **Age** ADULTS **Gender** FEMALE
Facility License 10570-10 **Expires:** 12/31/2015 **Licensing Specialist:** LISA MAUA

Parent SPECIAL K RANCH **Phone:** (406) 322-5520
Director Name: MIKE OBERG **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 479 COLUMBUS MT 59019 **800 #:**
Facility Name: CRAIG HOME **Facility Phone Number:** (406) 322-5408
First Name: CATHY OSGOOD **Title:** HOME MANAGER
Contact: **Title:**
Address: 82 SPECIAL K LANE COLUMBUS MT 59019- **Region:** STILLWATER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 10570-09 **Expires:** 12/31/2015 **Licensing Specialist:** LISA MAUA

Parent SPECIAL K RANCH **Phone:** (406) 322-5520
Director Name: MIKE OBERG **Title:** DIRECTOR
Parent Address: PO BOX 479 COLUMBUS MT 59019-0479 **800 #:**
Facility Name: HAWKINS HOUSE **Facility Phone Number:**
First Name: LINDA JONES **Title:** HOME MANAGER
Contact: **Title:**
Address: PO BOX 479 COLUMBUS MT 59019-0479 **Region:** STILLWATER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age** ADULT **Gender** MALE
Facility License 10570-04 **Expires:** 12/31/2015 **Licensing Specialist:** LISA MAUA

Parent SPECIAL K RANCH **Phone:** (406) 322-5520
Director Name: MIKE OBERG **Title:** DIRECTOR
Parent Address: PO BOX 479 COLUMBUS MT 59019 **800 #:**
Facility Name: MCCORMICK HOUSE **Facility Phone Number:** (406) 322-5408
First Name: MICHELE WASHKUHN **Title:** HOME MANAGER
Contact: **Title:**
Address: 82 SPECIAL K LANE COLUMBUS MT 59019-0479 **Region:** STILLWATER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age** ADULT **Gender** FEMALES
Facility License 10570-07 **Expires:** 12/31/2015 **Licensing Specialist:** LISA MAUA

Parent SPECIAL K RANCH **Phone:** (406) 322-5520
Director Name: MIKE OBERG **Title:** DIRECTOR
Parent Address: PO BOX 479 COLUMBUS MT 59019 **800 #:**
Facility Name: OSTRUM HOME **Facility Phone Number:** (406) 322-4811
First Name: CATHY OSGOOD **Title:** HOME MANAGER
Contact: **Title:**
Address: 82 SPECIAL K LANE COLUMBUS MT 59019- **Region** STILLWATER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age** ADULT **Gender** MALES
Facility License 10570-05 **Expires:** 12/31/2015 **Licensing Specialist:** LISA MAUA

Parent SPECIAL K RANCH **Phone:** (406) 322-5520
Director Name: MIKE OBERG **Title:** DIRECTOR
Parent Address: PO BOX 479 COLUMBUS MT 59019-0479 **800 #:**
Facility Name: STUMVOLL HOME **Facility Phone Number:** (406) 322-4856
First Name: JANYCE STROBEL **Title:** HOME MANAGER
Contact: **Title:**
Address: PO BOX 479 COLUMBUS MT 59019-0479 **Region** STILLWATER
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 4 **Age** ADULT **Gender** FEMALE
Facility License 10570-03 **Expires:** 12/31/2015 **Licensing Specialist:** LISA MAUA

Parent SPRING MEADOW RESOURCES **Phone:** (406) 443-2376
Director Name: STEPHEN MOODY **Title:** EXECUTIVE DIRECTOR
Parent Address: 2850 BROADWATER AVE. HELENA MT 59602- **800 #:**
Facility Name: HUDSON HOUSE **Facility Phone Number:** (406) 495-9249
First Name: LAURA WOODS **Title:** HOME MANAGER
Contact: **Title:**
Address: 907 HUDSON HELENA MT 59602- **Region** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 10 **Age** ADULT **Gender** MALE & FEMALE
Facility License 10930-08 **Expires:** 11/30/2015 **Licensing Specialist:** STEPHANIE GALLE

Parent SPRING MEADOW RESOURCES **Phone:** (406) 443-2376
Director Name: STEPHEN MOODY **Title:** EXECUTIVE DIRECTOR
Parent Address: 2850 BROADWATER AVE. HELENA MT 59602 **800 #:**
Facility Name: LAKE HOUSE **Facility Phone Number:** (406) 227-2225
First Name: REBEKAH ROMAN **Title:** HOME MANAGER
Contact: **Title:**
Address: 5085 CASTLES ROAD HELENA MT 59602- **Region** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULT **Gender** MALE & FEMALE
Facility License 10930-09 **Expires:** 11/30/2015 **Licensing Specialist:** STEPHANIE GALLE

Parent **SPRING MEADOW RESOURCES** **Phone:** (406) 443-2376
Director Name: STEPHEN MOODY **Title:** EXECUTIVE DIRECTOR
Parent Address: 2850 BROADWATER AVE. HELENA MT 59602 **800 #:**
Facility Name: MOTOR HOME **Facility Phone Number:** (406) 449-7047
First Name: JASYN EDMONDSON **Title:** HOME MANAGER
Contact: **Title:**
Address: 1225 MOTOR STREET HELENA MT 59602- **Region** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 9 **Age** ADULT **Gender** MALE & FEMALE
Facility License 10930-02 **Expires:** 11/30/2015 **Licensing Specialist:** STEPHANIE GALLE

Parent **SPRING MEADOW RESOURCES** **Phone:** (406) 443-2376
Director Name: STEPHEN MOODY **Title:** EXECUTIVE DIRECTOR
Parent Address: 2850 BROADWATER AVE. HELENA MT 59602 **800 #:**
Facility Name: OREGON APARTMENTS **Facility Phone Number:** (406) 443-2740
First Name: JESSICA LITZENBERGER **Title:** HOME MANAGER
Contact: **Title:**
Address: 903 & 905 OREGON ST HELENA MT 59602- **Region** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 10 **Age** ADULT **Gender** MALE & FEMALE
Facility License 10930-05 **Expires:** 11/30/2015 **Licensing Specialist:** STEPHANIE GALLE

Parent **SPRING MEADOW RESOURCES** **Phone:** (406) 443-2376
Director Name: STEPHEN MOODY **Title:** EXECUTIVE DIRECTOR
Parent Address: 2850 BROADWATER AVE. HELENA MT 59602 **800 #:**
Facility Name: TAMARACK HOUSE **Facility Phone Number:** (406) 449-4887
First Name: DEANN THORNOCK **Title:** HOME MANAGER
Contact: **Title:**
Address: 410 TAMARACK STREET HELENA MT 59602- **Region** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULT **Gender** MALE & FEMALE
Facility License 10930-06 **Expires:** 11/30/2015 **Licensing Specialist:** STEPHANIE GALLE

Parent **SPRING MEADOW RESOURCES** **Phone:** (406) 443-2376
Director Name: STEPHEN MOODY **Title:** EXECUTIVE DIRECTOR
Parent Address: 2850 BROADWATER AVE. HELENA MT 59602 **800 #:**
Facility Name: WAUKESHA APARTMENTS **Facility Phone Number:** (406) 443-1246
First Name: ANGELLA BOSSELL **Title:** HOME MANAGER
Contact: **Title:**
Address: 1408 & 1414 WAUKESHA AVE. HELENA MT 59602- **Region** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULT **Gender** MALE & FEMALE
Facility License 10930-07 **Expires:** 11/30/2015 **Licensing Specialist:** STEPHANIE GALLE

Parent **STEP** **Phone:** (406) 248-2055
Director Name: ANN TREECE **Title:** DIRECTOR
Parent Address: 644 GRAND AVE SUITE 1 BILLINGS MT 59102-3150 **800 #:**
Facility Name: STEP COMMUNITY GROUP HOME **Facility Phone Number:** (406) 259-9399
First Name: DEBRA IVEY **Title:** HOME MANAGER
Contact: **Title:**
Address: 2101 11TH AVENUE NORTH BILLINGS MT 59101- **Region** YELLOWSTONE
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 12264-01 **Expires:** 5/31/2015 **Licensing Specialist:** LISA MAUA

Parent **WESTMONT** **Phone:** (406) 447-3100
Director Name: KRIS BAKULA **Title:** DIRECTOR
Parent Address: 2708 BOZEMAN AVE HELENA MT 59601 **800 #:**
Facility Name: CALDWELL HOUSE SOUTH **Facility Phone Number:** (406) 449-7506
First Name: SETH BERG **Title:** HOME MANAGER
Contact: **Title:**
Address: 3275 CABERNET DR HELENA MT 59601- **Region** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 4867-16 **Expires:** 2/29/2016 **Licensing Specialist:** STEPHAINE GALLE

Parent **WESTMONT** **Phone:** (406) 447-3100
Director Name: KRIS BAKULA **Title:** DIRECTOR
Parent Address: 2708 BOZEMAN AVE HELENA MT 59601 **800 #:**
Facility Name: CALDWELL HOUSE NORTH **Facility Phone Number:** (406) 449-7506
First Name: SETH BERG **Title:** HOME MANAGER
Contact: **Title:**
Address: 3275 CABORNET DR HELENA MT 59601- **Region** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULTS **Gender** MALE OR FEMALE
Facility License 4867-15 **Expires:** 2/29/2016 **Licensing Specialist:** STEPHAINE GALLE

Parent **WESTMONT** **Phone:** (406) 442-3100
Director Name: KRIS BAKULA **Title:** DIRECTOR
Parent Address: 2708 BOZEMAN HELENA MT 59601 **800 #:**
Facility Name: CEDAR APARTMENTS **Facility Phone Number:** (406) 443-7688
First Name: GINNY HIENERT **Title:** HOME MANAGER
Contact: **Title:**
Address: 411 - 417 DOROTHY STREET HELENA MT 59601- **Region** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULT **Gender** MALE & FEMALE
Facility License 4867-10 **Expires:** 2/29/2016 **Licensing Specialist:** STEPHANIE GALLE

Parent WESTMONT **Phone:** (406) 442-3100
Director Name: KRIS BAKULA **Title:** DIRECTOR
Parent Address: 2708 BOZEMAN HELENA MT 59601 **800 #:**
Facility Name: CLARK **Facility Phone Number:** (406) 449-8306
First Name: JOHN MALINOWSKI **Title:** HOME MANAGER
Contact: **Title:**
Address: 425 DOROTHY STREET HELENA MT 59601- **Region** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULT **Gender** MALE & FEMALE
Facility License 4867-09 **Expires:** 2/29/2016 **Licensing Specialist:** STEPHANIE GALLE

Parent WESTMONT **Phone:** (406) 442-3100
Director Name: KRIS BAKULA **Title:** DIRECTOR
Parent Address: 2708 BOZEMAN HELENA MT 59601 **800 #:**
Facility Name: FARM IN THE DELL **Facility Phone Number:** (406) 227-3306
First Name: NICOLE GEORGE **Title:** HOME MANAGER
Contact: **Title:**
Address: 3240 YORK ROAD HELENA MT 59601-9588 **Region** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULT **Gender** MALE & FEMALE
Facility License 4867-05 **Expires:** 2/29/2016 **Licensing Specialist:** STEPHANIE GALLE

Parent WESTMONT **Phone:** (406) 447-3100
Director Name: KRIS BAKULA **Title:** DIRECTOR
Parent Address: 2708 BOZEMAN AVE HELENA MT 59601 **800 #:**
Facility Name: HILLSIDE **Facility Phone Number:** (406) 447-3100
First Name: LORA MICHALSKI **Title:** HOME MANAGER
Contact: **Title:**
Address: 10 DAYSRING LOOP HELENA MT 59601- **Region** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 4867-17 **Expires:** 2/29/2016 **Licensing Specialist:** STEPHANIE GALLE

Parent WESTMONT **Phone:** (406) 447-3100
Director Name: KRIS BAKULA **Title:** DIRECTOR
Parent Address: 2708 BOZEMAN HELENA MT 59601 **800 #:**
Facility Name: HUMBOLT APARTMENTS **Facility Phone Number:** (406) 495-2317
First Name: RYAN SCHOONOVER **Title:** HOME MANAGER
Contact: **Title:**
Address: 102 HUMBOLT LOOP HELENA MT 59601- **Region** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 4867-13 **Expires:** 2/29/2016 **Licensing Specialist:** STEPHANIE GALLE

Parent WESTMONT **Phone:** (406) 442-3100
Director Name: KRIS BAKULA **Title:** DIRECTOR
Parent Address: 2708 BOZEMAN HELENA MT 59601 **800 #:**
Facility Name: LEWIS **Facility Phone Number:** (406) 449-8306
First Name: JOHN MALINOWSKI **Title:** HOME MANAGER
Contact: **Title:**
Address: 425 DOROTHY STREET HELENA MT 59601- **Region** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULT **Gender** MALE & FEMALE
Facility License 4867-12 **Expires:** 2/29/2016 **Licensing Specialist:** STEPHANIE GALLE

Parent WESTMONT **Phone:** (406) 447-3100
Director Name: KRIS BAKULA **Title:** DIRECTOR
Parent Address: 2708 BOZEMAN AVE HELENA MT 569601 **800 #:**
Facility Name: MELODEE HOUSE **Facility Phone Number:** (406) 495-2317
First Name: RYAN SCHOONOVER **Title:** HOME MANAGER
Contact: **Title:**
Address: 102 HUMBOLT LOOP HELENA MT 59601- **Region** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULTS **Gender** MALE & FEMALE
Facility License 4867-14 **Expires:** 2/29/2016 **Licensing Specialist:** STEPHANIE GALLE

Parent WESTMONT **Phone:** (406) 442-3100
Director Name: KRIS BAKULA **Title:** DIRECTOR
Parent Address: 2708 BOZEMAN HELENA MT 59601 **800 #:**
Facility Name: TARA COURT APARTMENTS **Facility Phone Number:** (406) 449-7826
First Name: JEFF ELLIOTT **Title:** HOME MANAGER
Contact: **Title:**
Address: 800 TARA COURT HELENA MT 59601-4445 **Region** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 8 **Age** ADULT **Gender** MALE & FEMALE
Facility License 4867-11 **Expires:** 2/29/2016 **Licensing Specialist:** STEPHANIE GALLE

Parent WESTMONT **Phone:** (406) 442-3100
Director Name: KRIS BAKULA **Title:** DIRECTOR
Parent Address: 2708 BOZEMAN HELENA MT 59601 **800 #:**
Facility Name: TARA COURT GROUP HOME **Facility Phone Number:** (406) 449-7826
First Name: JEFF ELLIOTT **Title:** HOME MANAGER
Contact: **Title:**
Address: 810 TARA COURT HELENA MT 59601- **Region** LEWIS & CLARK
Facility Type: COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES **Code:** ADDGH
Number of 6 **Age** ADULT **Gender** MALE & FEMALE
Facility License 4867-07 **Expires:** 2/29/2016 **Licensing Specialist:** STEPHANIE GALLE

Parent	WESTMONT	Phone:	(406) 442-3100
Director Name:	KRIS	BAKULA	Title: DIRECTOR
Parent Address:	2708 BOZEMAN	HELENA	MT 59601
Facility Name:	TOWNSEND AVENUE GROUP HOME		800 #:
First Name:	MIKE	EDWARDS	Title: HOME MANAGER
Contact:			Title:
Address:	2125 TOWNSEND AVENUE	HELENA	MT 59601-3233
Facility Type:	COMMUNITY HOME FOR PERSONS WITH DEVELOPEMENTAL DISABILITIES		Region LEWIS & CLARK
			Code: ADDGH
Number of	6	Age	ADULT
		Gender	MALE & FEMALE
Facility License	4867-08	Expires:	2/29/2016
		Licensing Specialist:	STEPHANIE GALLE